## EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

Α	For th	e 2017 calendar year, or tax year beginning and	ending	_				
В	Check if applicab	C Name of organization		D Employer identific	cation number			
	Addr							
	Name chan	Doing business as		45-3	070854			
	Initial returr Final returr	6201 E ADDIANIMAY	Room/suite	E Telephone numbe 562-	r 595-0501			
	termi ated			G Gross receipts \$	44,886.			
	Amer	ded TONG DEACH CA QUOUS		H(a) Is this a group return				
F	lreturr □Appli			far and and in the	? Yes X No			
_	tiòn pend	6201 E. APPIAN WAY, LONG BEACH, CA 908	803					
_		<u> </u>		H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) 0	or 527	1,	list. (see instructions)			
		te: WWW.AQUATICCAPITAL.ORG	1	H(c) Group exemptio				
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: ZUIU N	1 State of legal domicile: CA			
Р	art I		~~					
& Governance	1	Briefly describe the organization's mission or most significant activities: SEE SFOUNDATION'S MISSION.	SCHEDU	LE O FOR TH	<u>E</u>			
na	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.			
Ş.	3			3	23			
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			23			
<u>ფ</u>	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			0			
iŧie	6	Total number of volunteers (estimate if necessary)			0			
Activities	_	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.			
_	<del>                                     </del>	Tet difficiated business taxable income from 1 offi 550 1, line 04		Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		46,882.	44,886.			
	9	Program service revenue (Part VIII, line 2g)		0.	0.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,882.	44,886.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
þer	h	Total fundraising expenses (Part IX, column (D), line 25)	0.	-	_			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		35,148.	39,170.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		35,148.	39,170.			
	19	Revenue less expenses. Subtract line 18 from line 12		11,734.	5,716.			
Or Or		Tierende lees expenses. Cabilase into 16 non into 12	Be	ginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		16,787.	22,503.			
ASS	21	Total liabilities (Part X, line 26)		0.	0.			
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		16,787.	22,503.			
	art II			•	•			
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,			
Sig	ın	Signature of officer		Date				
He		▶ RICHARD FOSTER, PRESIDENT						
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
Pai	d	ANDREW J. BARBER	1	1/13/18 if self-employed	P00192799			
	parer	Firm's name CRISELL & ASSOCIATES, CPA'S		Firm's EIN	95-2642922			
	Only	Firm's address 2199 E. WILLOW ST.			<del>_</del>			
	•	SIGNAL HILL, CA 90755		Phone no. (5	62)595-0501			
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No			
	,				··· · · · · · · · ·			

Diethy describe the organization shestors    SEE SCHEDULE O FOR THE MISSION STATEMENT DETAIL.	Pa	Check if Schedule O contains a response or note to any line in this Part III
Did the organization undertake any significant program services during the year which were not isled on the prior Form 980 or 980 €27	_	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980 cc 980 cc?  If "Yes," describe these new services on Schedule 0.  If "Yes," describe these new services on Schedule 0.  If "Yes," describe these changes on Schedule 0.  If "Yes," describe the services, as measured by expenses, and revenue, large the argument of grants and allocations to others, the total expenses, and revenue, large the argument of grants and allocations to others, the total expenses, and revenue, large the argument of grants and allocations to others, the total expenses, and revenue, large the argument of grants and allocations to others, the total expenses, and revenue, large the argument of grants and allocations to others, the total expenses, and revenue, large the argument of grants and allocations to others, the total expenses, and revenue, large the argument of grants and allocations to others, the total expenses, and revenue from the argument of grants and allocations to others, the total expenses, and revenue from the argument of grants and allocations to others, the total expenses and the argument of grants and allocations to others, the total expenses and the argument of grants and allocations to others, the total expenses and the argument of grants and allocations to others, the total expenses and the argument of grants and allocations to others, the total expenses and the argument of grants and allocations to others. The form the argument of grants and allocations to ot	•	
prior Form 990 or 990 cf?    Yes   X   No     Yes, describe these new services on Schedule O.		
prior Form 990 or 990 cf?    Yes   X   No     Yes, describe these new services on Schedule O.		
prior Form 990 or 990 cf?    Yes   X   No     Yes, describe these new services on Schedule O.		
3 If "Yes," describe these new services on Schedule 0.  Did the organization cases conducting, or make significant changes in how it conducts, any program services?	2	
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?
## 1 (Code		
40 Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services reported.  4a (coose ) (coose organization) is an analysis of the CITY OF LONG BEACH AS AN IDEAL PLACE FOR AQUATIC RELATED ACTIVITIES THROUGH THE WEBSITE, SUPPORTING COMMUNITY ACTIVITIES, AND PROVIDING AN ANNUAL DINNER HONORING OUTSTANDING ATHLETES AND AQUATIC COMMUNITY MEMBERS.  4b (coose ) (coose organization) CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (coose ) (coosess 7,406. including grants of 8 ) (Revenue 8 )  NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d (ther program services (Describe in Schedule O.) (Repenses 8 11, 239 * including grants of 8 ) (Revenue	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it any, for each program service reported.  4 (Coot		If "Yes," describe these changes on Schedule O.
40 (Code:) (Expenses \$	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4d (Code   ) (Expenses \$ 4,495. including prints of \$ ) (Revenue \$ ) ANNUAL BANQUET - THE FOUNDATION COMMUNICATED THE MESSAGE OF THE CITY OF LONG BEACH AS AN IDEAL PLACE FOR AQUATIC RELATED ACTIVITIES THROUGH THE WEBSITE, SUPPORTING COMMUNITY ACTIVITIES, AND PROVIDING AN ANNUAL DINNER HONORING OUTSTANDING ATHLETES AND AQUATIC COMMUNITY MEMBERS.  4b (Code   ) (Expenses \$ 13,624. including grants of \$ ) (Revenue \$ ]  "HALL OF FAME INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code   ) (Expenses \$ 7,406. including grants of \$ ) (Revenue \$ ) NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule Q.) (Revenue \$ 11, 239. including grants of \$ ) (Revenue \$ ) (Revenue \$ ) }  4d Other program services (Describe in Schedule Q.) (Revenue \$ ) (Revenue \$ ) ) (Revenue \$ ) }  4d Total program services (Describe in Schedule Q.) (Revenue \$ ) ) (Revenue \$ ) )		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
ANNUAL BANQUET - THE FOUNDATION COMMUNICATED THE MESSAGE OF THE CITY OF LONG BEACH AS AN IDEAL PLACE FOR AQUATIC RELATED ACTIVITIES THROUGH THE WEBSITE, SUPPORTING COMMUNITY ACTIVITIES, AND PROVIDING AN ANNUAL DINNER HONORING OUTSTANDING ATHLETES AND AQUATIC COMMUNITY MEMBERS.  4b (Cook: ) (Expenses 13,624. moluding grants of 2 ) (Revenue 2 )  "HALL OF FAME" INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Cook: ) (Expenses 7,406. moluding grants of 3 ) (Revenue 2 )  NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.)  Expenses 11, 239. including grants of 3 ) (Revenue 3 ) (Revenue 3 )  1, 239. including grants of 3 ) (Revenue 3 )		
LONG BEACH AS AN IDEAL PLACE FOR AQUATIC RELATED ACTIVITIES THROUGH THE WEBSITE, SUPPORTING COMMUNITY ACTIVITIES, AND PROVIDING AN ANNUAL DINNER HONORING OUTSTANDING ATHLETES AND AQUATIC COMMUNITY MEMBERS.  4b (Code: )(Expanses 13,624 * moluding grants of 3 ) (Revenues )  "HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expanses 7,406 * moluding grants of 3 ) (Revenues 1)  NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.)  Line of the program services (Describe in Schedule O.)  11,239 * including grants of 5 ) (Revenue 5 )  4d Other program services (Describe in Schedule O.)  11,239 * including grants of 5 ) (Revenue 5 )	4a	
WEBSITE, SUPPORTING COMMUNITY ACTIVITIES, AND PROVIDING AN ANNUAL DINNER HONORING OUTSTANDING ATHLETES AND AQUATIC COMMUNITY MEMBERS.  4b (Code: )(Expenses 13,624. including grants of \$ ) (Revenue \$ )  "HALL OF FAME" INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses 7,406. including grants of \$ ) (Revenue \$ )  NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )		
DINNER HONORING OUTSTANDING ATHLETES AND AQUATIC COMMUNITY MEMBERS.  4b (Coose   )(Expenses \$ 13,624 · including grants of \$ ) (Revenue \$ )    "HALL OF FAME" INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Coose   )(Expenses \$ 7,406 · including grants of \$ ) (Revenue \$ )    NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239 · including grants of \$ ) (Revenue \$ )    11,239 · including grants of \$ ) (Revenue \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239 · including grants of \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )   (Revenue \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program services (Describe in Schedule O.) (Expenses \$ )    4d Other program		
4b (Code: ) (Expenses \$ 13,624 · including grants of \$ ) (Revenue \$ )  "HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: ) (Expenses \$ 7,406 · including grants of \$ ) (Revenue \$ )  NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O) (Expenses \$ 11,239 · including grants of \$ ) (Revenue \$ ) (Revenue \$ ) (Revenue \$ ) }  4d Other program services (Describe in Schedule O) (Expenses \$ 11,239 · including grants of \$ ) (Revenue \$ ) }		
"HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses		DINNER HONORING OUTSTANDING ATHLETES AND AQUATIC COMMUNITY MEMBERS.
"HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses		
"HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses		
"HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses		
"HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses		
"HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses		
"HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses		
"HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses		
"HALL OF FAME "INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses	4h	(Code: ) (Evennes \$ 13.624 a including grants of \$ ) (Payanus \$
HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (Code: )(Expenses \$ 7,406 • including grants of \$ ) (Revenue \$ ) NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •	TID	
ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.  4c (code: )(Expenses \$ 7,406 • including grants of \$ ) (Revenue \$ )  NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.)  (Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •		
THE ORGANIZATION.  4c (Code: ) (Expenses \$ 7,406 · including grants of \$ ) (Revenue \$ )  NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN  WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES  ISLAND.  4d Other program services (Describe in Schedule O.)  (Expenses \$ 11,239 · including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 36,764 ·		
NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4d Total program service expenses \$ 36,764.		
NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4d Total program service expenses \$ 36,764.		
NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4d Total program service expenses \$ 36,764.		
NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4 Total program service expenses \$ 36,764.		
NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4 Total program service expenses \$ 36,764.		
NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4d Total program service expenses \$ 36,764.		
NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4d Total program service expenses \$ 36,764.		
NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4d Total program service expenses \$ 36,764.		
NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4d Total program service expenses \$ 36,764.		
WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239 ⋅ including grants of \$ ) (Revenue \$ )  4d Total program service expenses ▶ 36,764 ⋅	4c	
ISLAND.  4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 36,764.		
4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 36,764 •		
(Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •		ISLAND.
(Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •		
(Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •		
(Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •		
(Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •		
(Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •		
(Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •		
(Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •		
(Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •		
(Expenses \$ 11,239 • including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 36,764 •	A :1	Other pregram convises (Describe in Schedule O.)
<b>4e</b> Total program service expenses ► 36,764.	40	
	40	26 864
	TC	

14511113 601812 10102

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			₩.
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		1/h		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	0		_ <del>-</del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2017)

## Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A surrent or former officer, director, trustee, or key employee? If "Yee," complete Schedule I. Part IV	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee; in Tes, complete schedule L, Farth	200		<del></del>
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part v					Щ			
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r								
	(gambling) winnings to prize winners?	 I	 	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		^						
	filed for the calendar year ending with or within the year covered by this return		0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b					
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions					Х			
	-			3a					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b					
48	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х			
h	b If "Yes," enter the name of the foreign country: ▶								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.			5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to								
-	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	51.11								
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	d by th	е						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
				9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	۔مد ا							
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a							
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	Ha							
b	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		) }	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ILU							
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
_	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
				14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b					
				Eorm	990	(2017)			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI										
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?										
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	a The governing body?										
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c		Х							
13	Did the organization have a written whistleblower policy?	13		Х							
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶CA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	CRISELL & ASSOCIATES - 562-595-0501										
	2199 E. WILLOW STREET, SIGNAL HILL, CA 90755										

732006 11-28-17

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization r (A)	(B)			((	C)	,. 5.		(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
Name and Title	hours per		not c	heck	more	than is bot		compensation	compensation	amount of
	week	offi	cer ar	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	Ιō						the	organizations	compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	3e or	stee			ısate		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	organizations	truste	al tru:		yee	mpei		(		and related
	below	qual	ntion	_	oldm	st co oyee	Je			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			_
(1) RICHARD FOSTER	4.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) ANDREW BARBER	2.00									
TREASURER		Х		х				0.	0.	0.
(3) LUCY JOHNSON	4.00							_	_	
VICE PRESIDENT		x		x				0.	0.	0.
		<del></del>								
		1								
		1								
		-								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
			t							
		1								
		1								
	1	1	ı	ı	i	1	i	I	i	

Form **990** (2017)

Part VII Section	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	(do box offi	not c	Posi heck ss pe	c) ition more rson		one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	on d		(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om the anizati d relate anizatio	e on ed
		iii icy	ul.	il	J0	Ke	er Hi	요						
								<u> </u>	0.		0.			0.
d Total (add I	continuation sheets to Part Vi ines 1b and 1c) er of individuals (including but n							> 10 r	0 • 0 • eceived more than \$100	0.000 of reportab	0. 0.			0.
	on from the organization									,,000 01 Topolica			Yes	No.
line 1a? <i>If</i> ")	nization list any <b>former</b> officer,	uch individual										3		Х
and related	vidual listed on line 1a, is the su organizations greater than \$15 son listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
rendered to Section B. Indep	the organization? If "Yes," compendent Contractors	plete Schedul	e J t	or s	uch <sub>I</sub>	pers	son .					5		Х
	nis table for your five highest co								n the organization's tax		npens			
	(A) Name and business	address	N	INC	3			_	(B) Description of s	services	C	ompe	nsation	1
2 Total number	er of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of	compensation from the organi	zation 🕨				(	0							

Form **990** (2017)

45-3070854 AQUATIC CAPITAL OF AMERICA FOUNDATION Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)**Revenue excluded from tax under sections 512 - 514 (B) (C) Unrelated Total revenue Related or exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events ..... d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 44,886 g Noncash contributions included in lines 1a-1f: \$\_ 44,886. h Total. Add lines 1a-1f ..... Business Code Program Service Revenue 2 a f All other program service revenue ..... g Total. Add lines 2a-2f .....

3	Investment income (including	•	•		
4	other similar amounts)				
5					
3	Royalties	(i) Real	(ii) Personal		
6 a	Gross rents				
b	Less: rental expenses				
С	Rental income or (loss)				
d	Net rental income or (loss)		<b>&gt;</b>		
7 a	Gross amount from sales of	(i) Securities	(ii) Other		
	assets other than inventory				
b	Less: cost or other basis				
	and sales expenses				
С	Gain or (loss)				
	Net gain or (loss)				
8 a	Gross income from fundraising	g events (not			
	including \$	of			
	contributions reported on line	1c). See			
	Part IV. line 18	а			

e Total. Add lines 11a-11d

12 Total revenue. See instructions.

11 a b

732009 11-28-17

Other Revenue

Form 990 (2017)

44,886.

**Business Code** 

Part IV, line 19 a

b Less: direct expenses b

c Net income or (loss) from gaming activities ...

and allowances a

b Less: cost of goods sold b

c Net income or (loss) from sales of inventory ...

Miscellaneous Revenue

d All other revenue

10 a Gross sales of inventory, less returns

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages \_\_\_\_\_ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 97. 97. column (A) amount, list line 11g expenses on Sch O.) 714. 714. Advertising and promotion 12 125. 125. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 2,159. 689. 1,470. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 13,624. 13,624. ANNUAL HALL OF FAME EXP 7,406. NAPLES ISLAND SWIM EXPE 7,406. DONATIONS MADE 5,082. 5,082. ANNUAL BANQUET EXPENSE 4,495. 4,495. 5,468. 5,468. SEE SCH O e All other expenses 39,170. 36,764. 2,406. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 16,760. 22,476. Cash - non-interest-bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16,787. 22,503 16 Total assets. Add lines 1 through 15 (must equal line 34) .... 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 0. 30

22,503. Form 990 (2017)

22,503.

22,503.

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances \_\_\_\_\_\_

0. 31

32

16,787.

16,787.

16,787.

Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses	1 2 3 4 5 6 7 8	<u>4</u> 3	4,8 9,1 5,7	86. 70. 16. 87.		
9	Prior period adjustments 8  Other changes in net assets or fund balances (explain in Schedule O) 9						
10							
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No		
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
3a	review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2017)		

732012 11-28-17

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AQUATIC CAPITAL OF AMERICA FOUNDATION **Employer identification number** 45-3070854

Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.						
Γhe	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative		· ·			ii).						
4		A medical research organiz	. •				•	the hospital's name					
•		city, and state:	ation operated in con	njanotion with a moopital	GOOGIIDO			ino noopital o namo,					
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in					
3				nege of university owner	o opera	ted by a g	overnmentar unit descrit	Jea III					
_		section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6	H		-										
7	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8	$\square$	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college					
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or					
		university:											
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from					
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	)9(a)(4).						
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or					
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in					
		lines 12a through 12d that	•										
а		Type I. A supporting orga	* *			-	· · · · · ·	v aivina					
		the supported organization	· ·	· ·									
		organization. You must o											
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	vina					
~		control or management o	· ·					•					
		organization(s). You mus			arrie perse	ons that co	ontrol of manage the sup	ported					
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with					
·		its supported organization					• •	ea with,					
d		Type III non-functionally		•				ization(a)					
u			=										
		that is not functionally int	-		-		-	iveriess					
		requirement (see instruct	-	-									
е		Check this box if the orga					ı Type I, Type II, Type III						
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.							
f		er the number of supported o		-l									
9		ride the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other					
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)					
		-		above (see instructions))	103	140							
Fota	ıl												

Schedule A (Form 990 or 990-EZ) 2017 AQUATIC CAPITAL OF AMERICA FOUNDATION 45-3070854 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	, ,	, ,	, ,		` ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
	First five years. If the Form 990 is for	•		d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2016. If the o	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check tl	nis box and <b>stop h</b>	<b>nere.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	ınd see instruction	s ▶

Schedule A (Form 990 or 990-EZ) 2017

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1.	1,835.	16,689.	46,882.	44,886.	110,293.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						_
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1.	1,835.	16,689.	46,882.	44,886.	110,293.
	Amounts included on lines 1, 2, and	•	1,055.	10,003.	40,002.	11,000.	110,233.
7 6	3 received from disqualified persons						0.
	Amounts included on lines 2 and 3 received						•
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						110,293.
	Public support. (Subtract line 7c from line 6.)						110,295.
	•••	(=) 0010	(h) 0014	(a) 0015	(d) 0010	(-) 0017	(f) Total
	endar year (or fiscal year beginning in)	(a) 2013 1.	(b) 2014 1,835.	(c) 2015 16,689.	(d) 2016 46,882.	(e) 2017 44,886.	(f) Total 110,293.
	Amounts from line 6		1,055.	10,005.	40,002.	44,000.	110,255
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						_
L	(less section 511 taxes) from businesses						
	anning of the lune 00 1075						
	Add lines 10a and 10b						
•••	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)	1	1 025	16 600	46,882.	11 006	110 202
	Total support. (Add lines 9, 10c, 11, and 12.)	1.	1,835.	16,689.		44,886.	-
14	First five years. If the Form 990 is for	<b>o</b>	•		,	( )( )	zation,
<del></del>		:- O					<b>&gt;</b>
	ction C. Computation of Publ						100 00
	Public support percentage for 2017 (I					15	100.00 %
	Public support percentage from 2016					16	100.00 %
Se	ction D. Computation of Inves						0.0
17						17	.00 %
18	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box are	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	<u>X</u>
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and sto	<b>op here.</b> The organ	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶∟_

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No
1
2
3a
3b
3c
4a
4b
10
4c
5a
5b
5c
6
7
8
9a
Ja
9b
9c
10a
10b     n 990 or 990-EZ) 2017

Pa	rt IV   Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		Ь
360	tion b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	INO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		<u> </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 AQUATIC CAPITAL OF AMERICA FOUNDATION 45-3070854 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Pai	T V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Sect	ion D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose			
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrik	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Sect	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able c	cause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
	From				
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years			
		ed to 2017 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
	-	Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
_		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
	and 4				
8		down of line 7:			
		ss from 2013			
b	Exces	ss from 2014			

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015d Excess from 2016e Excess from 2017

## SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AQUATIC CAPITAL OF AMERICA FOUNDATION

Employer identification number 45-3070854

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE AQUATIC CAPITAL OF AMERICA FOUNDATION'S MISSION IS TO PROMOTE THE
MYRIAD OF AQUATIC ACTIVITIES OFFERED IN LONG BEACH, CALIFORNIA; TO
RECOGNIZE, HONOR AND SUPPORT THE CITY OF LONG BEACH AND ITS AQUATIC
ATHLETES, COACHES AND ORGANIZATIONS; AND TO PROMOTE WATER SAFETY AND
EDUCATION. THE FOUNDATION ALSO SUPPORTS COMMUNITY AND REGIONAL EFFORTS
TO CLEANSE LOCAL WATERWAYS AS WELL AS TO INCREASE THE NUMBER OF LOCAL
AQUATIC FACILITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE SUPPORT TO THE ANNUAL "AQUATIC GAMES",

SCHOLARSHIPS TO VARIOUS STUDENTS RECOGNIZED BY COACHES AND TEACHERS FOR

OUTSTANDING ACCOMPLISHMENTS IN AQUATIC ENDEAVORS, AND SUPPORT TO LOCAL

AQUATIC PROGRAMS.

EXPENSES \$ 11,239. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

TWO BOARD MEMBERS ARE MARRIED TO EACH OTHER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PROVIDED TO THE BOARD FOR REVIEW AT A MONTHLY MEETING AND ALL QUESTIONS AND COMMENTS WERE ADDRESSED PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 18:

COPIES OF FORMS 990 AND THE ORGANIZATION'S GOVERNING DOCUMENTS ARE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization  AQUATIC CAPITAL OF AMERICA FOUNDATION	Employer identification number 45-3070854
AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF FORMS 990 AND THE ORGANIZATION'S GOVERNING DOCU	JMENTS ARE
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	ES:
SUPPORT FOR ANNUAL AQUATIC GAMES MEET:	
PROGRAM SERVICE EXPENSES	2,968.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	2,968.
SCHOLARSHIPS GIVEN:	
PROGRAM SERVICE EXPENSES	2,500.
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,500
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 5,468

TAXABLE YEAR **2017** 

## California Exempt Organization Annual Information Return

728941 12-06-17 FORM

199

Corporation/Organization name  AQUATIC CAPITAL OF AMERICA FOUNDATION  Additional information. See instructions.  Street address (suite or room)  6201 E. APPIAN WAY  City  LONG BEACH  Foreign country name  Foreign province/state/county  Foreign province/state/county  A First Return  B Amended Return  California corporation number  3312591  FEIN  45 - 3070854   FOREIGN TO SEACH  CA 90803  Foreign province/state/county  Foreign province/state/county  Foreign postal code  Yes X No amended Return  PYes X No engaged in political activities? See instructions.  Yes X	
Additional information. See instructions.  FEIN  45 – 3070854  Street address (suite or room)  6201 E. APPIAN WAY  City  LONG BEACH  Foreign country name  Foreign province/state/county  Foreign province/state/county  A First Return  A First Return  B Amended Return  PMB no.  CA 90803  Foreign province/state/county  Foreign postal code  Yes X No angaged in political activities? See instructions.  Yes X	
Additional information. See instructions.  FEIN  45 – 3070854  Street address (suite or room)  6201 E. APPIAN WAY  City  LONG BEACH  Foreign country name  Foreign province/state/county  Foreign province/state/county  A First Return  A First Return  B Amended Return  PMB no.  CA 90803  Foreign province/state/county  Foreign postal code  Yes X No angaged in political activities? See instructions.  Yes X	
Additional information. See instructions.  FEIN  45 – 3070854  Street address (suite or room)  6201 E. APPIAN WAY  City  LONG BEACH  Foreign country name  Foreign province/state/county  Foreign province/state/county  A First Return  A First Return  B Amended Return  PMB no.  CA 90803  Foreign province/state/county  Foreign postal code  Yes X No angaged in political activities? See instructions.  Yes X	
Street address (suite or room)  6201 E. APPIAN WAY  City  LONG BEACH  Foreign country name  Foreign province/state/county  A First Return  B Amended Return  PMB no.  PMB no.  State ZIP code  CA 90803  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign postal code  Yes X No engaged in political activities? See instructions.  Yes X	
Street address (suite or room)  6201 E. APPIAN WAY  City  LONG BEACH  Foreign country name  Foreign province/state/county  A First Return  B Amended Return  PMB no.  PMB no.  State ZIP code  CA 90803  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign postal code  Yes X No engaged in political activities? See instructions.  Yes X	
6201 E. APPIAN WAY  City  LONG BEACH  Foreign country name  Foreign province/state/county  A First Return  B Amended Return  State  ZIP code  CA 90803  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign postal code  Yes X No engaged in political activities? See instructions.  Yes X	
City  LONG BEACH  Foreign country name  Foreign province/state/county  A First Return  B Amended Return  State  ZIP code  CA 90803  Foreign postal code  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign postal code  Yes X No J If exempt under R&TC Section 23701d, has the organization  B Amended Return  Yes X No engaged in political activities? See instructions.  Yes X	
LONG BEACH  Foreign country name  Foreign province/state/county  Foreign province/state/county  A First Return  B Amended Return  P Yes X No engaged in political activities? See instructions.  Yes X No engaged in political activities? See instructions.	
Foreign country name  Foreign province/state/county  Foreign postal code  A First Return  Yes X No J If exempt under R&TC Section 23701d, has the organization  B Amended Return  Yes X No engaged in political activities? See instructions.  Yes X	
A First Return  Yes X No J If exempt under R&TC Section 23701d, has the organization  B Amended Return  Yes X No engaged in political activities? See instructions.  Yes X	
B Amended Return   ● Yes X No engaged in political activities? See instructions.   ● Yes X	
B Amended Return   ● Yes X No engaged in political activities? See instructions.   ● Yes X	
B Amended Return Yes X No engaged in political activities? See instructions.	٦
	J No
C IRC Section 4947(a)(1) trust	] No
D Final Information Return? If "Yes," enter the gross receipts from nonmember sources \$	
Dissolved    Surrendered (Withdrawn)    Merged/Reorganized	
Enter date: (mm/dd/yyyy) • and meets the filing fee exception, check box. No filing	
E Check accounting method: (1) X Cash (2) Accrual (3) Other fee is required.	_
F Federal return filed? (1) ● □ 990T (2) ● □ 990PF (3) ● □ Sch H (990)   M Is the organization a Limited Liability Company?	」No
(4) $\overline{\mathbf{X}}$ Other 990 series $\mathbf{N}$ Did the organization file Form 100 or Form 109 to	
G Is this a group filing? See instructions • Yes X No report taxable income? • Yes X	] No
H Is this organization in a group exemption Yes X No 0 Is the organization under audit by the IRS or has the	
If "Yes," what is the parent's name?  IRS audited in a prior year?  Yes X	No
P Is federal Form 1023/1024 pending? Yes X	No
Did the organization have any changes to its guidelines Date filed with IRS	
not reported to the FTB? See instructions	
Part I Complete Part I unless not required to file this form. See General Information B and C.	
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 • 1	00
Gross dues and assessments from members and affiliates	00
	• 00
Receipts 3 Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.  4 4 4 , 886	• 00
Revenues 5 Cost of goods sold 5 00 6 Cost or other basis, and sales expenses of assets sold 6 00	
7 Total costs. Add line 5 and line 6	00
8 Total gross income. Subtract line 7 from line 4	• 00
9 Total expenses and disbursements. From Side 2, Part II, line 18	• 00
Expenses 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 • 10 5 , 716	• 00
11 Total payments • 11	00
12 Use tax. See General Information K • 12	00
13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 • 13	00
Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 • 14	00
15 Filing fee \$10 or \$25. See General Information F 15 N/A	00
16 Penalties and Interest. See General Information J 16	00
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	00
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than tanguage) is based on all information of which preparer has any knowledge.	
Sign	
Here Signature of officer PRESIDENT	
Date Check if	
Preparer's signature   11/13/18 self-employed   □ P00192799	
Paid Firm's name	
Preparer's or yours, CRISELL & ASSOCIATES CPA'S	
Use Only Use Only Use Only Only Only Only Only Only Only Only	
and address SIGNAL HILL, CA 90755 (562)595-05	01
May the FTB discuss this return with the preparer shown above? See instructions X No	

### AQUATIC CAPITAL OF AMERICA FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951	12-06-17

		1	Gross sales or receipts from all	business acti	vities. See instru	ctions .		•	1		00
			Interest						2		00
		3	Dividends					•	3		00
Receipt	s	4	Gross rents					•	4		00
from		5	Gross royalties					•	5		00
Other		6	Gross amount received from sal	e of assets (S	See Instructions)			•	6		00
Sources								•	7		00
			Total gross sales or receipts fro			-			8		00
			Contributions, gifts, grants, and						9		00
		10	Disbursements to or for membe	rs			CEE CMA		10		00
		11	Compensation of officers, direct	ors, and trus	tees		SEE SIA	TEMENT T	11		0.00
Evnanas			Other salaries and wages						12		00
Expense and			Interest						14		00
Disburs			Taxes						15		00
ments	١.	16	Rents	instructions	 \				16		00
		17	Other Expenses and Disburseme	ents	/		SEE STA	TEMENT 2 •	17		39,170.00
		18	Total expenses and disburseme	nts. Add line	9 through line 1	7. Enter	here and on Side 1, Pa	art I, line 9	18		39,170.00
Sched			Balance Sheet		Beginning of				of tax	able y	
Assets					(a)		(b)	(c)			(d)
1 Cas	h						16,760.			•	22,476.
2 Net	acco	unts	receivable							•	
3 Net	notes	s rece	eivable							•	
4 Inve	entori	ies								•	
			tate government obligations							•	
			n other bonds							•	
			n stock							•	
8 Mor										•	
9 Oth										•	
IU a D	ehiei	Clault	e assets nulated depreciation	(				(			
				(	,			\		•	,
12 Oth	u erase	sets	STMT 3				27.			•	
13 Tota	al as	sets					16,787.				22,476.
Liabiliti							•				,
			able							•	
			, gifts, or grants payable							•	
<b>16</b> Bon	ds ar	nd no	otes payable							•	
			yable							•	
			S								
<b>19</b> Cap	ital s	tock (	or principal fund							•	
			al surplus. Attach reconciliation				16 707			•	22 502
			ings or income fund			_	16,787. 16,787.			•	22,503.
			es and net worth		iah ingganan nan		10,707.				22,303.
Scrie	Juie	a IAI.	<ul> <li>Reconciliation of income Do not complete this sche</li> </ul>				: 13 column (d) is les	s than \$50 000			
1 Net	incor	me ne	er books				7 Income recorded				
			ne tax				not included in th			•	
			ital losses over capital gains				8 Deductions in this				
			ecorded on books this year					ome this year		•	
			orded on books this year not					and line 8			
			nis return	•			10 Net income per re				
6 Tota	ıl. Ad	dd line	e 1 through line 5				Subtract line 9 fro	om line 6			

CA 199 COMPENSATION OF OFFICE	RS, DIRECTORS AND TRUSTEES	STATEMENT :
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
RICHARD FOSTER 6201 E APPIAN WAY LONG BEACH, CA 90803	PRESIDENT 4.00	0
ANDREW BARBER 6201 E APPIAN WAY LONG BEACH, CA 90803	TREASURER 2.00	0
LUCY JOHNSON 6201 E APPIAN WAY LONG BEACH, CA 90803	VICE PRESIDENT 4.00	0
TOTAL TO FORM 199, PART II, LINE 11		0
CA 199 OT	HER EXPENSES	STATEMENT 2
DESCRIPTION		AMOUNT
ANNUAL HALL OF FAME EXPENSE NAPLES ISLAND SWIM EXPENSES DONATIONS MADE ANNUAL BANQUET EXPENSE SUPPORT FOR ANNUAL AQUATIC GAMES MES SCHOLARSHIPS GIVEN OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INSURANCE	ET	13,624 7,406 5,082 4,495 2,968 2,500 97 714 125 2,159
TOTAL TO FORM 199, PART II, LINE 17		39,170
CA 199 O	THER ASSETS	STATEMENT :
DESCRIPTION	BEG. OF YEAR	END OF YEAR
RECEIVABLE - BOARD MEMBER	27.	0
TOTAL TO FORM 199, SCHEDULE L, LINE	12 27.	0